

L13000122442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

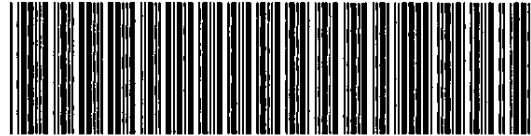
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2013 AUG 28 AM 10:11
CLERK OF STATE
TALLAHASSEE, FL 32304

J. SAULSBERRY
EXAMINER
AUG 29 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2013

KIM PRICE
14852 ENCLAVE LAKES DRIVE, APT. C3
DELRAY BEACH, FL 33484

SUBJECT: KIM'S REVENUE SOLUTIONS, LLC
Ref. Number: W13000042289

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for KIM'S REVENUE SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 413A00018230

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kim's Revenue Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Price

Name of Person

Kim's Revenue Solutions, LLC

Firm/Company

14852 Enclave Lakes Dr Apt C3

Address

Delray Beach, FL 33484

City/State and Zip Code

kimmyprice29@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cary M Engelhardt

Name of Person

at (**561**) **801-3139**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kim's Revenue Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14852 Enclave Lakes Dr Apt C3

Delray Beach, FL 33484

Mailing Address:

14852 Enclave Lakes Dr. Apt C3

Delray Beach, FL 33484

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kim's Revenue Solutions, LLC

Name

14852 Enclave Lakes Dr. Apt C3

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach

FL

33484

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

President
Managing Member

Name and Address:

Kim Price
14852 Enclave Lakes Dr. C-3
Delray Beach FL 33484

2013 AUG 28 AM 10:11

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Kim Price
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kim Price

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**